

40/573905

IAP20 Rec'd 10 MAR 2006

## APPLICATION DATA SHEET

### Application Information

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification:: 514/2,8; 530/351,397,399  
Suggested Group Art Unit:: 1646  
CD-Rom or CD-R?:: None  
Title:: TISSUE PROTECTIVE CYTOKINES FOR THE  
TREATMENT AND PREVENTION OF SEPSIS  
AND THE FORMATION OF ADHESIONS  
Attorney Docket Number:: WP03-1A04-US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 9  
Small Entity:: No  
Petition Included?:: No  
Secrecy Order in Parent Appl.?:: No

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship:: US  
Country:: US  
Status:: Full Capacity

Given Name:: Michael  
Middle Name::  
Family Name:: Brines  
Name Suffix::

City of Residence:: Woodbridge  
State or Providence of Residence:: CT  
Country of Residence:: US  
Street of Mailing Address:: 1 Wepawaug Road  
City of Mailing Address:: Woodbridge  
State or Providence of Mailing Address:: CT  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 06525

Applicant Authority Type:: Inventor  
Primary Citizenship:: US  
Country:: US  
Status:: Full Capacity

Given Name:: Anthony  
Middle Name::  
Family Name:: Cerami  
Name Suffix::  
City of Residence:: Somers  
State or Providence of Residence:: NY  
Country of Residence:: US  
Street of Mailing Address:: 58A Heritage Hill Road  
City of Mailing Address:: Somers  
State or Providence of Mailing Address:: NY  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 10589

Applicant Authority Type:: Inventor  
Primary Citizenship:: US  
Country:: US

Status:: Full Capacity

Given Name:: Thomas

Middle Name::

Family Name:: COLEMAN

Name Suffix::

City of Residence:: Mt. Kisco

State or Providence of Residence:: NY

Country of Residence:: US

Street of Mailing Address:: 20 Emery Street

City of Mailing Address:: Mt. Kisco

State or Providence of Mailing Address:: NY

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 10549

Applicant Authority Type:: Inventor

Primary Citizenship:: TR

Country:: TR

Status:: Full Capacity

Given Name:: Osman

Middle Name::

Family Name:: YILMAZ

Name Suffix::

City of Residence:: Gottepe

State or Providence of Residence:: Izmir

Country of Residence:: TR

Street of Mailing Address:: 100 Sokad Kalaci, Apt. 24/17

City of Mailing Address:: Gottepe

State or Providence of Mailing Address:: Izmir

Country of Mailing Address:: TR

Postal or Zip Code of Mailing Address::

**Correspondence Information**

Correspondence Customer 000061297

Number::

Phone Number:: (914)762-7586 ext. 207

Fax Number:: (914)762-7292

E-mail Address:: [fhamble@warrenpharma.com](mailto:fhamble@warrenpharma.com)

**Representative Information**

<b>Representative Customer</b>	000061297	
<b>Number::</b>		

**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	National Stage of	PCT/US04/31789	09/29/04
PCT/US04/31789	An application claiming the benefit under 35 USC 119(e)	60/506,149	09/29/03

## **Assignee Information**

Assignee name:: The Kenneth S. Warren Institute, Inc.  
Street of mailing address:: 712 Kitchawan Road  
address::  
City of mailing address:: Ossining  
State or Province of NY  
Mailing address::  
Country of mailing US  
address::  
Postal or Zip Code of 10562  
mailing address::

Assignee name:: Warren Pharmaceuticals, Inc.  
Street of mailing address:: 712 Kitchawan Road  
address::  
City of mailing address:: Ossining  
State or Province of NY  
Mailing address::  
Country of mailing US  
address::  
Postal or Zip Code of 10562  
mailing address::